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TCT@ACC-12 | innovation in intervention

A493

JACC April 1, 2014

Volume 63, Issue 12



Congenital Heart Disease

RATE OF SUCCESSFUL TRANSFER FROM PEDIATRIC TO ADULT CONGENITAL HEART DISEASE CARE: WHERE ARE WE NOW?

Oral Contributions

Room 146 A

Saturday, March 29, 2014, 9:15 a.m.-9:30 a.m.

Session Title: Adult Congenital Heart Disease

Abstract Category: 9. Congenital Heart Disease: Adult

Presentation Number: 903-08

Authors: *Adrienne H. Kovacs, Erwin Oechslin, Krista Gruenwald, Nathan Ing, Jeanine Harrison, University Health Network, Toronto, Canada*

Background: The transfer from pediatric to adult congenital heart disease (CHD) care is a period that is known to be associated with lapses in medical care. The previously-documented rate of successful transfer between pediatric and adult CHD programs was approximately 50%. We investigated the rate of successful transfer between our local pediatric and adult CHD programs and compared two 2-year periods (2004-2005 vs. 2009-2010) to determine whether there was any change following the 2008 establishment of a local working group tasked with improving the transition and transfer of young patients with CHD from pediatric to adult care.

Methods: In this retrospective study, the following were patient inclusion criteria: (a) documented CHD, (b) direct transfer from pediatric to adult CHD program, (c) transfer documents received in 2004-2005 or 2009-2010, (d) age < 20 years at the time of transfer, and (e) expected to have been seen in the adult clinic by September 2013. We categorized patients as having a timely transfer (seen within the recommended time frame at the adult clinic), delayed transfer (seen at the adult clinic, but later than the recommended time frame), or failed transfer (never been seen at the adult clinic).

Results: Between 2004-2005, 271 patients met study inclusion criteria (61% male; median age = 17 years); the number of patients increased by 29% to 349 in the 2009-2010 time period (56% male; median age = 17 years). In 2004-2005, 81% of patients had a timely transfer, 11% had a delayed transfer, and 9% had a failed transfer; in 2009-2010, of 320 patients who were not yet due or overdue for their first clinic appointment, 86% of patients had a timely transfer, 9% had a delayed transfer, and 5% had a failed transfer ($p = 0.12$).

Conclusions: The current rate of successful transfer between our pediatric and adult CHD programs is over 90%. Despite a one-third increase in the number of transferring patients, there was a trend toward an increase in the proportion of timely transfers and a decrease in the proportion of failed transfers. We encourage other centers to consider establishing transition working groups to maintain high rates of transfer despite increasing numbers of patients.